

## Issues to be Considered for LME Governing Boards

- **Size** – No more than 13, 17 or 21 voting members
- **Terms** – 2 consecutive three year terms or, 2 consecutive 4 year terms or, 3 consecutive 3 year terms. Members could stand for re-election to the Board after a period of one year absence from Board membership.
- **Board Training** – currently required under 122-C; content and frequency could be made more explicit
- **Attendance** – following three absences, members of the Board may elect to ask the member to step down
- **Board Composition:**
  - County Commissioner
  - Consumer of MH-DD-or SA Services
  - Family Member of Individual with MI-DD or SA
  - Individual with Health Care/MH-DD-SA Expertise
  - Individual with Health Care Administration Expertise at the Scale Needed to Understand the Operation of the MCO
  - Individual with Financial Expertise at the Scale Needed to Understand the Operation of the MCO
  - Provider of Service in the LME Network ( due to the prohibition of service provider on Board Membership, this person would serve as an ex-officio, non-voting member)
  - Individual with Insurance Expertise at the Scale Needed to Understand the Operation of the MCO
  - Individual with Social Services Expertise ( the services managed by the MCO are not all medical)
  - Local Appointment made by the Secretary of DHHS

- **Appointment Models**  
(Any model selected must be consistent with size and composition requirements)

**Model 1:**

- Maintain process as currently provided in 112-C 118.1
- County Commissioners appoint all members
- Add one local appointment made by the Secretary

**Model 2:**

- **One third** of appointments made by County Commissioners ( up to 7)
- **One third** of appointments are made from Constituent LMEs by Community Advisory Boards – consumers, family members, providers, professionals (up to 6 plus one non-voting provider)
- **One third** of appointments are made by sitting Governance Board (up to 7)
- **One** local appointment by DHHS Secretary

**Model 3:**

- Each constituent LME establishes a Community Oversight Board (COB) comprised of CFAC Chair or elected designee, 3 members from each county appointed by county commission to include commissioner, consumer or family member or other stakeholder. The COBs have a defined set of responsibilities.
- LME Governance Board is comprised of  
**One** representative from each COB  
**Two** at large county commissioners  
**One** representative from LME/MCO CFAC  
**Six** Members with special expertise in health care, behavioral health, insurance, finance etc. These members are originally appointed by the Secretary of DHHS. Committee of the Board will recruit to fill vacancies in this category, recommend appointments to the Governing Board and Board will vote for replacements.  
**One** local representative appointed by the Secretary